OMB Number: 2030-0020 Expiration Date: 04/30/2021

EPA KEY CONTACTS FORM

Authorized Representative: Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Name:	Prefix	«:Mr.		First Name: Benny			Middle Name:					
Last Name:			Romero				Suffix:					
Title:	Title: Department Controller											
Complete Address:												
Stree	et1: [Willia	ım R. Snodç	grass TN Tower								
Stree	t2:	312 Rc	sa L. Park	s Avenue, 10th Floo								
City: Nashv:		.lle		State:	TN: Tennessee							
Zip / Postal Code:		37243-1102		Country:	USA: UNITED STA	ATES						
Phone Number:		er:	615-741-8821			Fax Number:						
E-mail Address:		Benny.Romero@tn.gov										
Payee: Individual authorized to accept payments.												
Name:		«: Mr.		First Name: Rick			Middle Name:					
	Last	Name:	Tamble				Suffix:					
Title: Accountant 3												
Comple	ete Ad	dress:										
Stree	et1: [Willia	ım R. Snodç	rass TN Tower								
Street2: 312 Rosa L. Parks Avenue, 10th Floor												
City: Nashv		lle		State:	TN: Tennessee							
Zip / Postal Code:		37243-1102		Country:	USA: UNITED STATES							
Phone	Phone Number:		615-532-0311			Fax Number:						
E-mail Address: Rick.Tamble@tn.gov												
Administrative Contact: Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).												
Name: Prefix: Ms.		K: Ms.		First Name: Angela			Middle Name:					
	Last I	Name:	McGee				Suffix:					
Title:	Title: Deputy Director											
Comple	ete Ad	dress:										
Street1: William R. Snodgrass TN Tower												
Stree	t2: [312 Rc	sa L. Park	s Avenue, 2nd Floor								
City: Nashvi		ille		State:	N: Tennessee							
Zip / Postal Code:		37243-1102		Country:	USA: UNITED STA	TES						
Phone Number:		615-532-78	:16		Fax Number:							
E-mail Address:		Angela.McGee@tn.gov										

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EPA KEY CONTACTS FORM

Project Manager: Individual responsible for the technical completion of the proposed work.

Name:	Prefix: Ms.	First Name:	Shauna	Middle Name:					
	Last Name:	Basques		Suffix:					
Title:	Communica ⁻	ions Coordinator / Ene	rgy Analyst						
Complete Address:									
Street1: Will		m R. Snodgrass TN Towe							
Stree	12: 312 Ro	sa L. Parks Avenue, 2n	d Floor						
City:	Nashvi	lle	State: TN: Tenn	State: TN: Tennessee					
Zip / Postal Code:		37243-1102	Country: USA: U	NITED STATES					
Phone Number:		615-812-1779	Fax Nu	ımber:					
E-mail Address:		Shauna.Basques@tn.gov							

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